

WISEWOMAN Annual Screening Form DHHS 4049A										Agency:					
1. Patient Identification					HIS ID (CNDS):										
Patient Name		Last			First			M.I.		Inactive Date: ____/____/____					
Date of Birth		____/____/____			Patient Status: <input type="checkbox"/> Active <input type="checkbox"/> Has Insurance <input type="checkbox"/> Moved <input type="checkbox"/> Deceased <input type="checkbox"/> Age Ineligible <input type="checkbox"/> Income Ineligible <input type="checkbox"/> Lost To Follow-up <input type="checkbox"/> Request to Drop										
Education		Years of education: <input type="checkbox"/> <9 <sup>th</sup> grade <input type="checkbox"/> some high school <input type="checkbox"/> high school grad. <input type="checkbox"/> Some college or higher <input type="checkbox"/> don't know <input type="checkbox"/> don't want to answer													
2. Patient Enrollment/Annual Screening					Clinical Measurement Results (777=Can't Obtain, 888=Refused)										
Date of screening ____/____/____ <input type="checkbox"/> Initial Screening <input type="checkbox"/> Rescreening (12-18 months)					Height (inches)		Weight (pounds)		BMI (see BMI chart)						
3. Health History		DK - don't know DWTA - don't want to answer		Y E S	N O	D K	D W T A	Blood Pressure :		1 <sup>st</sup> reading ____/____		2 <sup>nd</sup> Reading (same arm) ____/____			
a. Have you ever been told by a doctor, nurse or other health professional that your <b>blood cholesterol is high</b> ?								Date of Laboratory Values:			____/____/____				
b. Have you ever been told by a doctor, nurse or other health professional that you have <b>high blood pressure</b> ?								Total Cholesterol		HDL					
c. Have you ever been told by a doctor, nurse or other health professional that you have <b>Diabetes</b> ? <input type="checkbox"/> Gestational (pregnancy) Diabetes Only								LDL(optional) (record for fasting only)		Triglycerides (optional) ( record for fasting only)					
d. Has a doctor, nurse or other health professional ever told you that you had any of the following: <b>Heart attack (also called myocardial infarction), angina, coronary heart disease or stroke</b> ?								Glucose _____		<b>A1C (recommended for diabetics)</b>  ____700 A1C taken for screening purposes ____800 Participant has previous diagnosis of diabetes					
4. Family Health History				Y E S	N O	D K	D W T A	Fasting Status (at least 9 hrs.) <input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting							
a. Has your father, brother, or son had a stroke or heart attack before age 55?															
b. Has your mother, sister, or daughter had a stroke or heart attack before age 65?															
c. Has either of your parents, your brother or sister, or your child ever been told by a doctor, nurse or other health professional that he/she has diabetes?								Intervention Level:		<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal <input type="checkbox"/> Alert			
5. Medication Status				Y E S	N O	D K	D W T A	Required interventions:		0		1		2	
a. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high cholesterol?								<b>Risk Reduction Discussed</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Comment:							
b. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your high blood pressure?															
c. Are you taking any medicine prescribed by your doctor, nurse, or other health professional for your diabetes?															
6.Smoking status															
a. Do you now smoke cigarettes every day, some days, or not at all? ____ Every Day ____ Some Days ____ Not at all ____ Don't know ____ Don't want to answer															
b. Not counting decks, porches or garages, during the past 7 days on how many days did someone other than you smoke tobacco inside your home while you were at home? ____ How many days ____ None ____ Don't know/not sure ____ Don't want to answer															

<b>WISEWOMAN Annual Screening Form    DHHS 4049B</b>								<b>Agency:</b>					
<b>Patient Identification</b>								HIS ID (CNS):					
<b>Patient Name</b>		<i>Last</i>				<i>First</i>				<i>M.I.</i>			
<b>1. Nutrition Assessment (Refer to New Leaf p. xi for guidance)</b>													
<i>On an average day, how many servings of <b>vegetables</b> do you eat?</i> <b>Dark-green or orange vegetables</b> (collards, broccoli, carrots, etc.): <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <b>Starchy vegetables</b> (potatoes, corn, lima beans, etc.): <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <i>In an average week, how many servings of <b>meat</b> do you eat?</i> <b>Bacon/sausage:</b> <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <b>Red meat:</b> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <b>Chicken/turkey:</b> <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <b>Fish:</b> <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+							<i>On an average day, how many servings of <b>fruits</b> do you eat?</i> <b>Fresh, canned, or frozen</b> <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <i>On an average day, how many 8 oz servings of <b>beverages</b> do you consume?</i> <b>Regular non-diet sodas like Coke, Pepsi, or Sprite:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <b>Bottle fruit drink, sports/energy drinks:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <b>Kool-Aid/sweet tea:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <b>Hot tea or coffee with sugar:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2+ <b>100% Fruit juices:</b> <input type="checkbox"/> 0-1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+						
<b>2. Physical Activity Assessment</b>													
<i>In an average week, how many days do you exercise?</i> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 days <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> 7 days <input type="checkbox"/> Don't know <input type="checkbox"/> Refused / Not Answered							<i>On an average day, how many minutes do you exercise? (Round to next highest value)</i> <input type="checkbox"/> 0 minutes <input type="checkbox"/> < 5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> at least 30 minutes <input type="checkbox"/> 30+ minutes <input type="checkbox"/> Don't know						
<b>3. Medical Evaluation (CDC WISEWOMAN reimburses for ONE Medical Dr. visit only)</b>													
Required for Alerts and some Abnormals: See clinical values worksheet.													
<b>Reason referred</b>	<b>Diagnostic Referral Date</b>	<b>Diagnostic Exam Date</b>	<b>What Type of Treatment was Prescribed?</b>					<b>What is the Status of the Work-up?</b>					
Blood pressure	____/____/____	____/____/____	<input type="checkbox"/> Medication <input type="checkbox"/> TLC <input type="checkbox"/> Medication & TLC <input type="checkbox"/> Nothing prescribed <input type="checkbox"/> Already on meds <input type="checkbox"/> Lost-to-Follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Change in Meds					<input type="checkbox"/> Pending <input type="checkbox"/> Complete <input type="checkbox"/> Work-up not medically indicated, client being treated <input type="checkbox"/> Refused <input type="checkbox"/> Lost-to-Follow-up					
Cholesterol	____/____/____	____/____/____	<input type="checkbox"/> Medication <input type="checkbox"/> TLC <input type="checkbox"/> Medication & TLC <input type="checkbox"/> Nothing prescribed <input type="checkbox"/> Already on meds <input type="checkbox"/> Lost-to-Follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Change in Meds					<input type="checkbox"/> Pending <input type="checkbox"/> Complete <input type="checkbox"/> Work-up not medically indicated, client being treated <input type="checkbox"/> Refused <input type="checkbox"/> Lost-to-Follow-up					
Diabetes	____/____/____	____/____/____	<input type="checkbox"/> Medication <input type="checkbox"/> TLC <input type="checkbox"/> Medication & TLC <input type="checkbox"/> Nothing prescribed <input type="checkbox"/> Already on meds <input type="checkbox"/> Lost-to-Follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Change in Meds					<input type="checkbox"/> Pending <input type="checkbox"/> Complete <input type="checkbox"/> Work-up not medically indicated, client being treated <input type="checkbox"/> Refused <input type="checkbox"/> Lost-to-Follow-up					
Comments:													
<b>4. Clinical Follow-ups</b>													
Visit Date	Weight (Lbs)	1 <sup>st</sup> BP Reading	2 <sup>nd</sup> BP Reading	Average BP	Total Cholesterol	HDL	Fasting	LDL (opt.)	Triglyc. (opt.)	Blood Glucose (opt.)	A1C (opt.)	Referral	
Comments:													
Name:							Date:						

WISEWOMAN Interventions Form DHHS 4050												Agency:																			
1. Patient Identification																															
Health Agency								HIS ID (CNDS):																							
Patient Name		<i>Last</i>				<i>First</i>				<i>M.I.</i>																					
Date of Birth		____/____/____																													
2. Educational Interventions																															
Required Interventions <input type="checkbox"/> 1 (Normal) <input type="checkbox"/> 2 (Abnormal) <input type="checkbox"/> 3 (Alert)		Education Topic						Intervention Method		Intervention Setting		Contact type				Received Smoking Cessation Counseling as Part of LSI Session  <input type="checkbox"/> Yes <input type="checkbox"/> No															
		Nutrition		Physical Activity		Smoking		Diabetes									Referral to community – based resources with no WISEWOMAN LSI – attendance not confirmed  Referral to community – based resources with no WISEWOMAN LSI – attendance confirmed														
Intervention Visit Date 1 <sup>st</sup> intervention Must be on enrollment date		Clinic		Community Link		Clinic		Community Link		Clinic		Community Link		New Leaf			Other		Individual		Group		Face to face		Phone		Mail and Phone		Mail and Confirmation		
____/____/____																															
____/____/____																															
____/____/____																														<input type="checkbox"/> Yes <input type="checkbox"/> No	